PART I—Section 2.

GENERAL.

No. G. 4287—*Med.* 70-18-6, *dated* 21*st August* 1919.

The accompanying report of the Committee appointed in Government Order No. G. 17729-35—Med. 70-18-1, dated 18th February 1919, to consider of the question of medical relief in the State, is published for favour of public opinion.

All suggestions on the subject may be sent to the Chief Secretary to Government, before the end of September 1919.

IMPROVEMENT OF MEDICAL AID IN THE STATE.

(1) G. O. No. G. 17729-35—Med. 70-18-1, dated 18th February 1919, appointing a Committee to consider the question of medical relief in the State.

(2) Report of the Committee and its enclosures, Appendices I to IV.

Proceedings of the Government of His Highness the Maharaja of Mysore.

ORDER No. G. 17729-35—MED. 70-18-1, DATED 18TH FEBRUARY 1919.

Mysore with an area of 29,461 square miles has now only 174 medical institutions composed of thirteen hospitals, one hundred and twenty-nine dispensaries, three maternities and other institutions to serve the medical need of nearly six millions of people. This gives on an average, one institution for every 169 square miles and about 32,800 inhabitants. The number cannot be considered quite adequate and further additions will have to be made as time progresses.

The Malnad Improvement Scheme sanctioned to improve the conditions of the Malnad area, and to render special medical aid to the people there, is on a temporary basis—but eight dispensaries now ordered to be opened will eventually become permanent institutions with further additions to their number as the country gets further opened up by communications.

For the total number of institutions mentioned above, there is now a staff of 291 officers. The staff requires considerable strengthening.

The existing vacancies in the Department are about 20 and the number of Sub-Assistant Surgeons in the service 220. No provision for reserve is made at present. Ten per cent at least will be necessary for this purpose. The total number to be recruited during the next five years with existing institutions and three additional institutions for each year has also to be taken into consideration.

The possibility of recruitment from outside for providing for the needs of the Medical and Sanitary Departments is very limited—almost *nil*—considering the requirements in British India and the improved prospects recently thrown open to those in the British Medical Service.

The following points have in addition to be specially considered :—

1. Adequacy or otherwise of the present organisation for medical relief in the State.
2. Necessity for increasing the number of hospitals and dispensaries in the outlying parts of the State.
3. Feasibility of extending medical aid through Ayurvedic and Unani institutions
4. Improving female medical relief throughout the State.
5. A programme for the next five years and the advisability of starting a Medical Faculty and re-organizing the Medical School.
6. Question of adjusting the financial responsibility of Government Municipal Councils and District Boards in regard to medical institutions.
7. Immediate requirements of the Department—additional medical staff needed in all grades and how to recruit them.

For a careful consideration of these and allied matters, Government are pleased to sanction the constitution of a Committee with the Senior Surgeon as President and with the following official and non-official gentlemen as members :—

Dr. Mylvaganam, F.R.C.S.
Mr. C. S. Balasundaram Iyer, B.A., Chief Secretary to Government.

Dr. Miss R. Govindarajulu, M.D.
Rajakaryaprasakta Rao Bahadur Mr. M. Shama Rao, M.A., retired Inspector-General of Education in Mysore.
Mr. S. R. Balakrishna Rao, B.A., LL.B., Member, University Senate.
Mr. Gulam Ahmed Kalami.

The Committee are requested to meet at a very early date to consider all the above questions thoroughly and submit their recommendations to Government within two months.

II

REPORT OF THE COMMITTEE APPOINTED TO CONSIDER THE QUESTION OF MEDICAL RELIEF.

With reference to Government Order No. G. 17729-35—Med. 70-18-1, dated the 18th February 1919, we the members of the Committee therein constituted to consider the question of the adequacy or otherwise of the existing organisation for medical relief in the State and other allied matters, have the honor to submit the following report.

The Committee met in the office of the Senior Surgeon on the 15th and the 16th of April 1919. All the members (including Mr. M. Subbiah added to the Committee by G. O. No. G. 22014-15—Med. 70-18-2, dated 29th March 1919) were present, except Mr. Gulam Ahmed Kalami who did not attend.

We have duly considered the several points referred to us for consideration and our recommendations, based on the information furnished by the President and further elicited during the discussion, are as follows :—

1. Adequacy of the present organisation for Medical Relief.

We are of the opinion that the existing organisation for medical relief is not quite adequate and needs improvement. Excluding the Bangalore and the Mysore Cities, there are now 120 Local Fund Dispensaries in the State which are insufficient to meet the medical needs of the rural population. We recommend the opening of 110 new dispensaries during the next five years. We have carefully gone through the list of places where dispensaries now exist and of those where the opening of new ones is suggested by the Deputy Commissioners and the District Medical Officers of the several districts. Considering the area, population and the climatic and other conditions of the several localities, the 110 new dispensaries may be distributed as follows :—

Bangalore District	...	10
Kolar "	...	12
Tumkur "	...	14
Mysore "	...	17
Chitaldrug "	...	15
Hassan "	...	10
Kadur "	...	14
Shimoga "	...	18
Total	...	110

To enhance the usefulness of the dispensaries at the important stations of Nanjangud, Seringapatam, Channapatna, Chikballapur, Davangere, Saklespur, Mudgere and Koppa, we think it desirable to post a Sub-Assistant Surgeon to each, to help the Assistant Surgeons now in charge, in doing major operations, and to increase the number of beds in these institutions to 10 or more according to local needs. Similarly, an extra Sub-Assistant Surgeon (a junior) may be posted to each dispensary in certain other places which have a large population or are considered to be important from a commercial or other point of view, the number of such places being limited to 20. The Committee would leave the selection of the places where new dispensaries should be opened and of those where extra Sub-Assistant Surgeons should be posted, to be made by the Senior Surgeon in consultation with the District Boards concerned. We futher think it necessary to develop the present hospitals in District Headquarters other than Bangalore and Mysore and to bring them up-to-date. It is also necessary to construct new and up-to-date buildings for the Lunatic Asylum.

2. Necessity for increasing the number of hospitals and dispensaries in the outlying parts of the State.

This point has been dealt with under point No. 1.

3. *Feasibility of extending Medical aid through Ayurvedic and Unani Institutions* 25

We think that the extension of medical aid through indigenous institutions is feasible if properly qualified Vaidyans and Hakims could be turned out from the training institution at Mysore, which, again, is possible only if competent Professors of the Ayurvedic and Unani systems of medicine become available.

4. *Improving Female Medical aid throughout the State.*

The provision, at each Taluk Headquarter, of a female dispensary in charge of a lady Sub-Assistant Surgeon, is an ideal which the Committee would recommend to be kept in view and worked up to, as qualified hands become available. Each such dispensary should be provided with two midwives, so that one may always be available for work at the dispensary when the other is called away to attend on labour cases outside. It is desirable to have Maternities at each district headquarter and to provide facilities therein for local *dayees* to undergo training in scientific midwifery. They should be provided with quarters in the premises and be granted liberal scholarships. The Committee are given to understand that this matter is already under the consideration of Government and that a beginning has been made in Shimoga. We would press for the early construction of an up-to-date building for the Maternity at Bangalore which should be shifted from the present antiquated building.

5. (1) *Advisability of starting a Medical Faculty.*

We think it is advisable to start a Medical Faculty at Bangalore in connection with the Mysore University, at a very early date, by establishing a Medical College, the cost of which works out, roughly, as follows :—

	Rs.
Initial cost, on buildings, *viz.*, lecture halls, physiological and other laboratories, museum, students' hostel, etc.	7,00,000
Furniture and equipment for above	1,25,000
Total initial cost ...	8,25,000
Annual recurring expenditure, when all the five college classes are working. Pay and Allowances to the Tutorial staff	45,100
Do. ... to clerical and menial staff	6,000
Requirements of the laboratories and other contingencies ...	9,000
Total recurring ...	60,100

(2) *Re-organisation of the Medical School.*

This will follow on the establishment and development of the Medical College proposed above.

(3) *Programme for the next five years.*

If the work of opening the new dispensaries, the development or improvement of certain existing medical institutions, the improvement of the other existing medical institutions and the starting of the Medical College, be spread over five years, the work to be undertaken in each year will be—

	Rs.
I Year.—Opening of 22 L. F. Dispensaries—initial cost	4,04,000
recurring do	48,012
Improvement of 2 District Headquarter Hospitals and Female Dispensary (roughly)	60,000
One-fifth cost of construction of medical buildings, *viz.*, Lunatic Asylum, Maternity and Medical College, about	4,00,000
Working of the first year college class—about	15,000
Total ...	9,27,012
II Year.—Opening of 22 new dispensaries—initial cost	4,04,000
recurring cost for 44 dispensaries	96,024
Improvement of one Headquarter Hospital and Female Dispensary as above	30,000
One-fifth cost of new medical buildings	4,00,000
Working of two college classes	25,000
Total ...	9,55,024

	Rs.
III Year.—Opening of 22 new dispensaries—initial cost	4,04,000
recurring charges for 66 dispensaries	1,44,036
Improvement of a District Headquarter Hospital	30,000
One-fifth cost of medical buildings	4,00,000
Working of three college classes	35,000
Total	10,13,036
IV Year.—Opening of 22 new dispensaries—initial cost	4,04,000
recurring charges for 88 dispensaries	1,92,048
Improvement of a District Headquarter Hospital and Female Dispensary	30,000
One-fifth cost of medical buildings as above	4,00,000
Working of four college classes	45,000
Total	10,71,048
V Year.—Opening of 22 new dispensaries—initial cost	4,04,000
recurring cost of 110 dispensaries	2,40,060
Development of one District Headquarter Hospital and Female Dispensary	30,000
One-fifth cost of construction of medical buildings as above	4,00,000
Full working of the Medical College	60,000
Total	11,34,060

6. Question of adjusting the financial responsibility of Government, Municipal Councils and District Boards in regard to Medical Institutions.

The District Headquarter Hospitals are now being maintained entirely by Government and we think that this may be continued. As regards the medical institutions in rural areas the majority (4) of us are of opinion that, in view of the poor finances of most of the District and Municipal Boards, the Government may be pleased to bear the entire initial cost of dispensaries, and one-half of the total recurring charges, the other half being met by the local bodies. The opinion of the two dissenting members is that the Government and the Local Boards may bear the initial as well as the recurring charges equally.

7. Immediate requirements of the department.

As regards Medical Officers (Surgeons and Assistant Surgeons) we understand that the full sanctioned strength is now working and that in view of the improved pay and prospects recently sanctioned, recruitment to this class will offer no difficulty.

It is only Sub-Assistant Surgeons that will be required in large numbers, say, 25 to 30 every year, at least during the next five years, for the new dispensaries and to fill up the vacancies. The minimum pay of Rs. 45 recently fixed by the Government may not be inadequate to local candidates. But in view of the fact that for some years more we shall have to depend on qualified hands from outside, we recommend the raising of the minimum pay of Sub-Assistant Surgeons to 50 Rs. the minimum obtainable in the Madras service. We understand that Government have sanctioned 25 scholarships of Rs 15 each for male candidates and 4 of Rs. 20 each for female candidates to undergo training as Sub-Assistant Surgeons, and consider that this provision is ample for our requirements. It was represented that sufficient number of local candidates possessing the required educational qualification were not forthcoming in the last two years and to meet the difficulty, the scholarships might be thrown open to outside candidates also, preference being given to local candidates. We however, hope, that, in view of the rate of scholarship being raised to Rs. 15 and the improvement, in the starting pay of Sub-Assistant Surgeons, a sufficient number of local S. S. L. C. men will be forthcoming hereafter.

The pay and prospects of Compounders need early improvement and we recommend the early sanction of the scale proposed by the Senior Surgeon, when recruitment to this class will be easy.

The preliminary note read by the Senior Surgeon in opening the discussion of the several questions, is appended to this report, together with its enclosures.

APPENDIX I.

NOTE BY THE SENIOR SURGEON ON THE SEVERAL POINTS REFERRED TO THE COMMITTEE FOR CONSIDERATION, BY G. O. No. G. 17729-35-MED.-70-18-1, DATED 18TH FEBRUARY 1919.

1. *Adequacy of the present organisation for Medical Relief.*

Whether the existing arrangements for medical relief in the State are adequate, is a matter of opinion. While, from the popular point of view, the scope for increasing the number of medical institutions is very large, from an administrative point of veiw the question is purely one of ways and means. The following figures taken from the annual administration reports of the Medical Departments of the Madras Presidency and the Mysore State, for the year 1917, speak for themselves.

The Madras Presidency, with an area of 1,42,330 square miles and a population of 4,14,05,404, contains 707 medical institutions (indigenous institutions excluded) or one institution for every 201 square miles and for every 57,556 of the population. Mysore with an area of 29,461 square miles, and a population of 57,05,359 contains 174 medical institutions or one institution for every 169 square miles and for every 32,789 of the population. Compared with the neighbouring Presidency, therefore, the Mysore State has provided greater facilities for medical aid to its population.

The whole State is divided into 79 taluks (including the Jahgirs of Yelandur and Sringeri). The average area of a taluk is 373 square miles, which is equal to a circle of nearly 11 miles radius. Every taluk contains at least one dispensary, at its headquarter. There are 22 taluks containing two dispensaries each, 4 containing three dispensaries each, the taluks of Manjarabad, Sagar and Chikmagalur contain four dispensaries each and the taluks of Tarikere and Tirthahalli contain five dispensaries each. A districtwar and talukwar statement showing the names of places where dispensaries exist, is appended. Places where new dispensaries are proposed, are also shown in the statement.

2. *Necessity for increasing the number of Hospitals and dispensaries in the outlying parts.*

From the opinions furnished by the District Officers, the opening of new dispensaries is necessary in 10 places in the Bangalore District, 12 in the Kolar District, 14 in Tumkur, 7 in Mysore, 7 in Hassan, 6 in Kadur, 17 in Shimoga and 24 in the Chitaldrug District or a total of 97. It may be taken that the number of new dispensaries required is about 100.

3. *Feasibility of extending Medical aid through Ayurvedic and Unani Institutions.*

There are 9 indigenous institutions in the Bangalore District, of which 3 are in the Bangalore City and 6 in the taluks; 1 in the Kolar District, 5 in the Tumkur District; 11 in the Mysore District, of which 4 are in the Mysore City and 7 in the taluks; 3 in the Hassan District, 3 in the Kadur District; and 6 in the Shimoga District, and 6 in the Chitaldrug District. So long as the standard of training and the qualification of Vaidyans and Hakims remain what they are at present, it is a point for consideration, how far it is justifiable for Government to subsidise these indigenous institutions and authorise medical aid to the population through them. Some extracts from the "Indian Medical Gazette" regarding the indigenous system of medicine are appended.

4. *Improving female medical relief throughout the State.*

Under this head, the first place has to be given to the provision of help to women in labor. There are 19 midwives in the Bangalore District, 16 in the Kolar District, 14 in Tumkur, 27 in Mysore, 15 in Hassan, 18 in Shimoga, 14 in the Kadur and 11 in the Chitaldrug District, or 134 midwives in all, working in the State. If a midwife be attached to each of the new dispensaries proposed in paragraph 2 above, the total number of midwives will be 234. Government in their Order No. G. 7849-51—Med. 130-16-4, dated 29th October 1918, have sanctioned the grant of 10 scholarships of Rs. 15 each to literate women and 18 scholarships of Rs. 10 each to *Dayees* or women practising midwifery in the crude way. With the co-operation of the local Revenue authorities and of non-official gentlemen, if the required number of candidates of each class could be secured, 28 qualified midwives will be trained out every year, of whom 20 can be available for the 20 dispensaries to be opened every year for the next five years.

As regards general medical aid to women, there are at present, three well equipped Maternities at Bangalore, Mysore and Robertsonpet, six Female Dispensaries, one at each of the other six District Headquarters, with accommodation for a few beds, and one each at Sagar, Chikballapur, Tarikere and Tirthahalli. The total number of Female dispensaries

(including Maternities) now working in the State is 13. The establishment of female dispensaries at Davangere, Nanjangud and Chintamani is under consideration. Female dispensaries, with accommodation for a few cases of confinement may with advantage be opened at Saklespur, Koppa, Mudgere and Kallurkatte. This will bring the number of female medical institutions to 20.

5. *Programme for the next five years and the advisability of starting a Medical Faculty and Re-organising the Medical School.*

So far as medical institutions are concerned, the programme for meeting the requirements noted above are, 100 new dispensaries, development of each of the six Female dispensaries at District Headquarters (except Bangalore and Mysore), the starting of seven new female dispensaries or dispensaries with provision for the admission of a few maternity cases. To this may be added the improvement of the existing District Headquarter Hospitals (except those of Bangalore and Mysore). Spread over five years, the above work will mean, establishing 20 new dispensaries every year, development of at least one Civil Hospital and the connected Female dispensary, and the opening of two or three Female dispensaries, during each of the next five years.

The cost of opening a dispensary works out as follows:—

		Rs.
Initial cost.—Dispensary with in-patients' wards		11,000
Quarters for staff		6,000
Equipment—Europe medicines and instruments		1,000
Furniture, bedding and clothing		400
	Total	18,400

Recurring charges—		
Establishment—		
Sub-Assistant Surgeon, Rs. 45-70 or 57½		
Charge allowance	10, 15 or 20	
Compounder	15	
Surgery Cooly	8	
Waterwoman	5	
Midwife	15+3 or 5	
Contingencies—		
Bedding and clothing	5	
Dieting charges	5	
Country medicines	5	
Other contingencies	5	
		Rs.
Total per month Rs. 130½ or year		1,566
Cost of Europe medicines		600
Total recurring charges per year		2,166

The present distribution of cost of dispensaries is as follows:—Of the initial charges the cost of buildings is met by State and District Funds in equal proportions, the cost or Europe medicines is met by Government and the cost of furniture, etc., by District Boards. Of the recurring charges, the pay of the medical subordinate in charge and the cost of Europe medicines is met by Government, and the other maintenance charges by the District Boards.

	State Funds	District Funds
The cost for 20 male and 2 female dispensaries will be—	Rs.	Rs.
Buildings Rs. 8,500 x 22	1,87,000	1,87,000
Equipment—Europe medicines, instruments, etc., 1,000 x 22	22,000	..
Furniture, bedding, etc., 400 x 22	..	8,800
Total	2,09,000	1,95,000
Development of a district hospital and the attached female dispensary—roughly	30,000	..
Total	2,39,000	..
Recurring charges for 20 male and 2 female Sub Assistant Surgeons (with sex allowance of Rs. 15 each) (57½ x 22+15 x 2) x 12.	15,540	..
Other charges 73 x 12+22	..	19,272
Europe medicines 600 x 22	13,200	..
Total	28,740	..

The Medical School was started just two years ago and it will take another year to start the final year class or to have the four classes running together. Preliminary plan and estimates for constructing the necessary buildings have been submitted to Government and it may take some years before the work is actually taken up and finished. To start a Medical College, it will be necessary to have all the buildings and fittings ready. When a Medical Faculty may be instituted in connection with the local University and a Medical College started, has to be now considered.

6. Adjustment of financial responsibility between Government, District or Municipal Funds.

At present, the cost of constructing dispensary buildings and quarters to the staff is borne in equal proportions by the State, District and Municipal Funds in Municipal areas and by State and District Funds only, in other rural tracts. As regards equipment, the cost of Europe medicines and instruments (Rs. 1,000) is met from State Funds and the cost of furniture, bedding and clothing, Rs. 400, from District Funds or District and Municipal Funds in the ratio of 1: 1, or 1: 2, or 2: 1 according to the financial position of the local bodies. As regards the recurring charges, the pay of the medical subordinate in charge and the cost of Europe medicines (about Rs. 600) is met from State Funds and the other charges are met by District Funds or District and Municipal Funds in the same way as the cost of buildings. How far either the Government or the local bodies may be relieved of any portion of their present share of the cost, has to be considered.

7. Immediate requirements of the Department.

Medical Graduates.—The sanctioned strength is 9 and only one is now available. Eight more are required. In response to an advertisement, five applications have been received and if three or four candidates out of those who may pass out this year are secured, the requirements will be met.

Sub-Assistant Surgeons.—The sanctioned strength is 190 against which there are now 180 working in the department, leaving ten vacancies. Of the four Mysore candidates that passed the final Sub-Assistant Surgeon's examination from the Royapuram Medical School, to have reported themselves. If the other two also report themselves, then six new hands have to be secured. One of the existing hands who has completed the seven year's service according to his convenant, has sent in his resignation. New applicants with the proper qualification, are not inclined to join although the Government have raised the minimum pay of the Sub-Assistant Surgeon's grade to Rs. 45. The local subordinate medical service will continue to be less attractive than that of Madras till the Madras scale of pay is introduced in Mysore in its entirety.

Midwives.—Sanctioned strength 159 and the number now in service is 145, leaving 14 pucca vacancies. There will be some difficulty in securing the number of qualified hands, as applicants often do not join after receiving order of appointment, on account of unwillingness to go to outlying stations.

Compounders.—Sanctioned strength is 171, number in service is 154, leaving 17 vacancies. If the scale of pay of compounders is raised to Rs. 15-18-21-25, as proposed, qualified candidates will be forthcoming. The present scale of Rs. 8-10-12-15, is too inadequate.

Statement showing the names of places where dispensaries now exist and those where new dispensaries are proposed to be opened.

Name of District, Taluk and Village	Dispensary		Population of	
	Existing	Proposed	Village	Hobli
BANGALORE DISTRICT.				
Bangalore Taluk (Population 1,19,836)—				
1. Vartur	1	..	1,108	11,462
2. Yelahanka	1	..	2,336	10,991
3. Beguru	..	1	2,515	16,902
Hoskote Taluk (Population 75,690)—				
1. Hoskote	1	..	4,552	12,584
2. Sulibele	..	1	2,041	12,017
Devanhalli Taluk (Population 62,632)—				
1. Devanhalli	1	..	6,313	14,625
2. Vadigenhalli	..	1	4,376	12,970
Dodballapur Taluk (Population 73,833)—				
1. Dodballapur	1	..	7,272	21,694
2. Sasalu	..	1	313	10,461
Nelamangala Taluk (Population 68,727)—				
1. Nelamangala	1	..	1,666	19,052
2. Tyamagondlu	1	..	3,022	17,785
Magadi Taluk (Population 83,415)—				
1. Magadi	1	..	3,022	19,904
2. Tavarekere	..	1	1,531	9,776
3. Kuduru	..	1	1,627	15,665
Channapatna Taluk (Population 76,831)—				
1. Channapatna	1	..	7,624	29,644
Closepet Sub-Taluk (Population 45,438)—				
1. Closepet	1	..	3,506	11,373
2. Bidadi	..	1	1,364	14,668
Kankanhalli Taluk (Population 95,022)—				
1. Kankanhalli	1	..	4,870	21,339
2. Harohalli	..	1	3,218	19,034
3. Sathanur	..	1	1,569	11,286
Anekal Taluk (Population 58,096)—				
1. Anekal	1	..	4,587	16,018
2. Sarjapur	..	1	2,681	15,443
Total—Bangalore District	12	10	(excluding the 5 in the City)	
KOLAR DISTRICT.				
Kolar Taluk (Population 80,691)—				
1. Kolar	1	..	8,193	22,128
2. Kyalnur (Veragal Hobli)	..	1	1,906	16,743
Mulbagal Taluk (Population 68,556)—				
1. Mulbagal	1	..	2,677	12,108
2. Nangli (Bairakur Hobli)	..	1	1,655	14,627
3. Tayalur (Mallanaikanhalli Hobli)	..	1	1,911	10,589
Srinivaspur Taluk (Population 64,170)—				
1. Srinivaspur	1	..	3,430	19,132
2. Yeldur	..	1	1,515	10,264
Chintamani Taluk (Population 62,077)—				
1. Chintamani	1	..	2,570	19,433
Sidlaghatta Taluk (Population 70,895)—				
1. Sidlaghatta	1	..	6,512	24,252
2. Sadli	..	1	1,434	11,120
3. Jangamkote	..	1	1,877	16,494
Bagepalli Taluk (Population 54,099)—				
1. Bagepalli	1	..	1,962	11,445
2. Pathapalya	1	..	995	8,794
Gudibanda Sub-Taluk (Population 17,739)—				
1. Gudibanda	1	..	2,392	8,438
Goribidnur Taluk (Population 90,516)—				
1. Goribidnur	1	..	2,617	21,869
2. Manchenhalli	..	1	2,617	15,337
3. Nagargere	..	1	1,583	12,653
Chikballapur Taluk (Population 56,758)—				
1. Chikballapur	*2	..	7,661	23,488
Malur Taluk (Population 68,931)—				
1. Malur	1	..	4,212	16,785
2. Masti	..	1	2,045	12,390
3. Narsapur	..	1	1,509	11,865
Bowringpet Taluk (Population 97,086)—				
1. Bowringpet	1	..	9,208	20,993
2. Budikote	..	1	1,452	10,367
3. Masika (Dasarahosahalli Hobli)	..	1	2,982	29,734
Total—Kolar District	13	12	*Female dispensary included.	

Name of District, Taluk and Village	Dispensary		Population of	
	Existing	Proposed	Village	Hobli
TUMKUR DISTRICT.				
Tumkur Taluk (Population)—				
1. Tumkur	1*	..	6,039	24,348
2. Urdigere	..	1	1,213	18,725
3. Honnudike (Gulur Hobli)	..	1	1,050	17,409
4. Bellavi	..	1	1,065	10,903
Maddagiri Taluk (Population 88,483)—				
1. Maddagiri	1	..	4,545	15,013
2. Kodigenhalli	..	1	2,089	19,757
3. Midigesi	..	1	1,029	12,551
Koratagere Sub-Taluk (Population 40,718)—				
1. Koratagere	1	..	2,965	10 511
2. Tovinkere (Chanrayadurga)	..	1	1,216	12,307
Sira Taluk (Population 89,311)—				
1. Sira	1	..	5,573	24,600
2. Bukkapatna	..	1	1,512	13,054
Pavagada Taluk (Population 61,171)—				
1. Pavagada	1	..	2,594	13,883
2. Hoskote	..	1	2,085	12,866
Chiknayakanhalli Taluk (Population 57,484)—				
1. Chiknayakanhalli	1	..	5,188	11,091
2. Huliyar	1	..	1,802	17,361
3. Bellara (near Borankanave)	(?)	..	..	..
Gubbi Taluk (Population 96,820)—				
1. Gubbi	1	..	3,464	18,325
2. Kadaba	..	1	1,769	16,602
3. Hagalvadi	..	1	1,539	8,066
4. Chelur	..	1	1,381	12,728
Tiptur Taluk (Population 61,518)—				
1. Tiptur	1	..	2,531	21,628
2. Honnavalli	..	1	2,431	13,639
Turuvekere Sub-Taluk (Population 39,175)—				
1. Turuvekere	1	..	2,685	20,520
2. Mayasandra	..	1	1,047	18,655
Kunigal Taluk (Population 83,812)—				
1. Kunigal	1	..	1,405	15,412
2. Amrithur	..	1	2,195	13,836
3. Huliyurdurga	1	..	2,113	14,682
Total—Tumkur District	12	14	*Female Dispensary, Tumkur.	
MYSORE DISTRICT.				
Mysore Taluk (Population 64,872)—				
Yedatore Taluk (Population 84,513)—				
1. Yedatore	1	..	1,619	13,663
2. Saligram	1	..	3,148	17,883
Hunsur Taluk (Population 118,435)—				
1. Hunsur	1	..	4,559	23,389
2. Periyapatna	1	..	3,308	22,203
3. Bettadapura	..	1	1,530	21,484
Heggaddevankote Taluk (Population 63,795)—				
1. Heggaddevankote	1	..	1,346	13,396
2. Sargur	1	..	2,471	15,589
Gundlupet Taluk (Population 78,135)—				
1. Gundlupet	1	..	4,141	21,084
Chamrajnagar Taluk (Population 114,197)—				
1. Chamrajnagar	1	..	6,515	22,827
2. Ummathur	..	1	2,336	19,380
Nanjangud Taluk (Population 113,169)—				
1. Nanjangud	1	..	6,960	28,192
2. Hura (Hullahalli Hobli)	..	1	955	21,516
T.-Narsipur Taluk (Population 92,373)—				
1. T.-Narsipur	1	..	4,001	18,121
2. Bannur	1	..	4,491	18,922
Seringapatam Taluk (Population 54,701)—				
1. Seringapatam	1	..	7,422	8,942
2. Arakere	..	1	4,155	17,617
French Rocks Sub-Taluk (Population 28,808)—				
1. French Rocks	1	..	1,860	14,441
2. Melkote	1	..	2,535	14,237
Mandya Taluk (Population 127,939)—				
1. Mandya	1	..	4,191	25,136
2. Koppa	..	1	998	20,412
3. Maddur	1	..	2,210	18,308
Nagamangala Taluk (Population 80,032)—				
1. Nagamangala	1	..	3,483	17,999
Krishnarajpete Taluk (Population 107,515)—				
1. Krishnarajpete	1	..	2,337	23,810
2. Akkihebbal	..	1	1,148	13,350
Malvalli Taluk (Population 108,216)—				
1. Malvalli	1	..	5,416	24,310
2. Halagur	..	1	2,358	14,261
Total—Mysore District	19	7	..	..

Name of District, Taluk and Village	Dispensary		Population of	
	Existing	Proposed	Village	Hobli
CHITALDRUG DISTRICT.				
Chitaldrug Taluk (Population 93,251)—				
1. Chitaldrug	*1	..	6,986	35,570
2. Hireguntanur	..	1	1,142	16,973
3. Barmasagara	..	1	1,239	21,677
4. Chikkondanahalli (Turuvanur)	..	1	2,140	18,912
Challakere Taluk (Population 80,240)—				
1. Challakere	1	..	2,505	23,866
2. Parasarampur	..	1	1,610	20,758
3. Naikanabatti	..	1	2,610	14,549
Molakalmuru Taluk (Population 39,231)—				
1. Molakalmuru	1	..	3,054	20,037
2. Kamapura (Devasamudra)	..	1	1,666	19,194
3. Bommagondanagere (Molakalmuru)	..	1	1,098	..
4. Bommagatta (Devasamudra)	..	1	1,964	..
Jagalur Taluk (Population 53,574)—				
1. Jagalur	1	..	3,632	25,634
2. Bilichodu	..	1	1,452	19,964
3. Pallaghatta	..	1	1,431	..
4. Sokke	..	1	2,42	7,976
Davangere Taluk (Population 76,385)—				
1. Davangere	1	..	10,074	24,887
2. Hadadi	..	1	1,637	14,758
3. Anagodu	..	1	771	16,958
4. Lokikere (Hadadi)	..	1	1,496	..
5. Anaji (Anagodu)	..	1	956	..
Harihar Sub-Taluk (Population 39,962)—				
1. Harihar	1	..	5,408	18,845
2. Malebennur	1	..	2,138	21,117
Holalkere Taluk (Population 62,194)—				
1. Holalkere	1	..	3,746	15,767
2. Arasanaghatta	..	1	494	..
Hosdurga Taluk (Population 56,226)—				
1. Hosdurga	1	..	2,176	20,560
2. Mathodu	..	1	1,208	8,617
3. Belagodu (Budihal Hobli)	..	1	1,685	14,099
Hiriyur Taluk (Population 63,180)—				
1. Hiriyur	1	..	2,533	19,180
2. Dharmapura	..	1	1,315	12,506
3. Imangala	..	1	2,007	23,715
4. Javagondanahalli	..	1	562	7,773
5. Yelladakerehalli	..	1	656	do
6. Kodihalli (Dharmapura)	..	1	869	..
7. Yeraballi (Imangala Hobli)	..	1	916	..
Total—Chitaldrug District	10	24	*Including Female Dispensary	
HASSAN DISTRICT.				
Hassan Taluk (Population 98,839)—				
1. Hassan	*1	..	7,461	26,836
2. Gorur (Kattaya Hobli)	..	1	983	18,437
Alur Sub-Taluk (Population 27,718)—				
1. Alur	1	..	988	11,261
2. Kundur	..	1	346	9,081
Arsikere Taluk (Population 86,251)—				
1. Arsikere	1	..	3,552	19,366
2. Halkur (Kankatte Hobli)	..	1	1,271	14,753
3. Banavar	1	..	2,382	20,723
Belur Taluk (Population 73,638)—				
1. Belur	1	..	2,631	22,511
2. Arehalli	1	..	1,335	12,745
3. Nagenhalli (Itinerant)	1	..	462	do
4. Halebidu	..	1	1,329	15,828
Manjarabad Taluk (Population 50,589)—				
1. Saklespur	1	..	804	10,917
2. Belagode	..	1	646	7,205
3. Belur (Itinerant)	1	..	426	9,316
4. Yesur	1	..	1,165	10,248
5. Hanbalu	1	..	576	4,851
Arkalgud Taluk (Population 81,663)—				
1. Arkalgud	1	..	5,060	21,623
2. Konanur	1	..	2,536	14,315
3. Mallipatna	..	1	682	11,382
Hole-Narsipur Taluk (Population 64,367)—				
1. Hole-Narsipur	1	..	6,862	20,669
Channarayapatna Taluk (Population 97,135)—				
1. Channarayapatna	1	..	2,918	14,406
2. Hiresave	..	1	1,482	14,050
Total—Hassan District	15	7	*Including Female Dispensary, Hassan	

Name of District, Taluk and Village	Dispensary		Population of	
	Existing	Proposed	Village	Hobli
KADUR DISTRICT.				
Chikmagalur Taluk (Population 82,044)—	1	..	8,537	21,814
1. Chikmagalur	1	..	1,451	6,470
2. Aldur	1	..	842	7,070
3. Attigundi (Jagara Hobli)	1	..	731	4,691
4. Bidare (Khandya)	..	1	1,250	15,200
4. Kalasapura	..	1	1,037	4,573
5. Avati	..	..		
Kadur Taluk (Population 81,013)—	1	..	2,900	15,991
1. Kadur	1	..	4,811	10,277
2. Birur	1	..	1,426	17,218
3. Sakrepatna	..	..		
Tarikere Taluk (Population 70,419)—	2*	..	6,315	13,069
1. Tarikere	1	..	2,546	17,047
2. Ajjampur	1	..	1,102	3,916
3. Lakkavalli	1	..	..	..
4. Santaveri	..	1	2,106	16,149
5. Sivani	..	1	1,358	7,818
6. Lingadahalli	..	..		
Koppa Taluk (Population 34,943)—	1	..	1,198	8,626
1. Koppa	1	..	781	7,069
2. Harihapur	1	..	..	..
3. Sollebyle	..	1	1,060	9,192
4. Attikodagi (Megunda)	..	..		
Narasimharajapura Sub-Taluk (Population 16,710)—	1	..	1,855	6,442
1. Narasimharajapura	1	..	..	6,415
2. Balehonnur	..	..		
Mudgere Taluk (Population 43,353)—	1	..	1,390	6,673
1. Mudgere	1	..	1,157	6,755
2. Belur	1	..	..	10,479
3. Kalasa	..	1	1,253	8,125
4. Bankal	..	..		
Sringeri (Jahgir) (Population 9,896)—	1	..	2,971	6,268
1. Sringeri				
Total for Kadur District	21	6	*Includes Female Dispensaries.	

The Deputy Commissioner proposes 45 names, while the District Medical Officer suggests 6.

SHIMOGA DISTRICT.				
Shimoga Taluk (Population 74,954)—	1	..	13,111	26,303
1. Shimoga	1	..	1,810	15,281
2. Benkipur	..	1	753	18,215
5. Anveri (Holalu)	..	..		
Kumsi Sub-Taluk (Population 17,124)—	1	..	1,895	6,019
1. Kumsi	..	1	1,984	11,101
2. Harnhalli	..	1	292	do
3. Sirigere	..	..		
Channagiri Taluk (Population 83,233)—	1	..	4,168	27,118
1. Channagiri	1	..	1,813	25,864
2. Santebennur	..	1	1,064	15,906
3. Basavapatna	..	1	855	14,345
4. Tavarekere (Ubrani)	..	..		
Honnali Taluk (Population 68,327)—	1	..	1,049	20,956
1. Honnali	1	..	362	20,021
2. Nyamti (Belgutti)	..	1	242	..
3. Soulanga	..	1	539	..
4. Chinnikatte	..	1	953	27,181
5. Sasivehalli	..	..		
Shikarpur Taluk (Population 63,074)—	1	..	4,970	16,183
1. Shikarpur	..	1	859	7,454
2. Tagarti (Belandur)	1	..	2,482	14,496
3. Shiralkoppa	..	..		
Sorab Taluk (Population 66,606)—	1	..	1,792	13,130
1. Sorab	1	..	1,143	20,015
2. Anvatti	..	1	421	9,028
3. Ulavi	..	1	830	8,176
4. Chandragutti	..	..		
Sagar Taluk (Population 51,049)—	2	..	3,684	13,660
1. Sagar	1	..	331	5,863
2. Ananthapur	1	..	..	..
3. Aralgode	..	1	..	7,543
4. Karur	..	..		
Nagar Taluk (Population 37,656)—	1	..	..	10,075
1. Nagar	1	..	1,000	6,610
2. Kallurkatte	..	1	..	6,582
3 Lakshmipur	..	1	657	..
4. Yedur (Nagar)	..	..		
Tirthahalli Taluk (Population 54,724)—	2	..	2,718	15,663
1. Tirthahalli	1	..	..	8,092
2. Mandagadde	1	..	1,022	12,089
3. Megarvalli (Agumbe)	1	..	32	..
4. Hunchadakatte (Agrahar)	..	1	..	9,529
5. Agumbe	..	1	411	9,351
6. Melige (Muttur)	..	..		
Total—Shimoga District	22	16	*Including Female Dispensaries.	

* Sanctioned but not opened.

INDIAN MEDICAL GAZETTE.

MARCH 1919.

Indigenous Drugs.—We have in this issue and in that for February 1919 (*vide* also March 1918 number) published very interesting articles on the claims made by the supporters of the ancient Hindu systems of medicine, which will show clearly to any unbiassed mind that no Government could possibly entertain any scheme for the furthering of such a system in this modern world. A system, as Lieutenant-Colonel Sutherland writes, which "teaches that drugs and natural excretions long since rejected in other lands should be used to-day in the treatment of disease can only be called antiquated." A system which teaches that the semen of mice is poisonous, that scorpions are generated by cowdung and by dead snakes, that a physician can gather valuable information as to a patient's disease before he sees him by observing the complexion, gait and caste of the messenger used, cannot seriously be considered, and has no right to demand that public money be spent on its encouragement.

While, however, we all agree that neither time nor money should be wasted on such obsolete absurdities, we are strongly of opinion that the time has come—indeed has long arrived—when a serious and scientific attempt should be made to investigate the indigenous drugs of India, and no time should be lost in appointing well-trained pharmacologists to the new schools of Tropical Medicine in Calcutta and elsewhere to take up this important subject.

The War which has just ended has taught us many things and in India we have learnt the grave disadvantages of being too dependent upon other countries for the necessities of life and trade, and this has proved to be so in the case of many drugs and medical and surgical necessities.

We have before us a very useful pamphlet by Dr. J. C. Ghose, B.Sc., (Manchester), F.C.S., in which he makes a plea for the study of the indigenous drugs of India and for their scientific cultivation and manufacture in India.

* * * * *

Drugs cultivation alone, however, is not sufficient, modern physicians tend more and more to give up the use of crude drugs and to use only the active principles, the physiological and therapeutic action of which can be established by experiment and by experience.

To do this in India necessitates the employment of trained and expert chemists.

We strongly commend this useful little pamphlet to the notice of our readers. There is much to be done, and the sooner the work is begun in India the better.

APPENDIX II.

NOTE ON THE AYURVEDIC MEDICAL COLLEGE SEPARATELY FURNISHED BY MR. S. R. BALAKRISHNA RAO, MEMBER OF THE COMMITTEE APPOINTED TO CONSIDER THE QUESTION OF MEDICAL RELIEF.

Ayurvedic College.

The College is now under the management of the Muzrai Department. The attention that is bestowed on it cannot be said to be adequate, the chief function of the department being the efficient administration of temples, mosques, etc. It appears as if the College is preserved more as an ancient institution, where time-honoured practices in the art of healing are encouraged than as a regular branch of the present day administration. It is well-known that we cannot supplant the indigenous systems of Medical treatment, even if we multiply the allopathic dispensaries ten-fold or even hundred-fold. Nor do I consider it proper to so ignore the indigenous system as to eventually end it out-right. It does not require any elaborate pleading for the continuance and encouragement of this system. Without therefore dilating on the matter any more, I would recommend:—

(1) That the Mysore Ayurvedic College be placed under the administrative control of the educational department or the University.

(2) That the staff do consist of graduates in medicine who have had training in the Ayurvedic College in British India or who have studied Ayurveda in proper manner.

(3) That an indigenous medical service be constituted with a regular cadre and the same placed on a footing of equality to other regular departments of Government, so as to ensure to the candidates passing out of the College a decent start in Government service instead of the present uncertain employment by the District Boards and Municipalities.

APPENDIX III. 80

NOTES SEPARATELY FURNISHED BY DR. H. B. MYLVAGANAM, MEMBER OF THE COMMITTEE APPOINTED TO CONSIDER THE QUESTION OF MEDICAL RELIEF.

Ceylon, with a population of 4,632,384 on 31st December 1917, had besides a Lunatic Asylum and Leper Asylum in Colombo which are capable of accommodating respectively 514 and 406 patients, 84 Government Hospitals with accommodation varying from 12 to 665 beds. Of these, in Colombo alone one meets with the following Medical Institutions, *viz.*, (1) The General Hospital with 665 beds, (2) De Soyza's Lying-in-home, (3) Victoria Memorial Eye Hospital, (4) Grenier Ear and Throat Infirmary, (5) Lunatic Asylum, (6) Lady Havelock Hospital for women, (7) Lady Ridgeway Memorial Hospital for children, (8) Convict Hospital, (9) Infectious Disease Hospital, (10) Police Hospital, (11) Bacteriological Institute, (12) Leper Asylum, (13) Anti-Tuberculosis Institute and (14) Ceylon Medical College. These Hospitals were well equipped with modern conveniences and appliance and officered by qualified medical men, the larger ones also having a trained staff of nurses. In addition to these Hospitals, there were 441 central and branch dispensaries. Besides these, there were six other Hospitals in course of construction including a second Leper Asylum, in 1917. The Hospitals and Dispensaries in Ceylon are built, equipped and maintained by the Ceylon Government. All the medical men in charge of the Hospitals and Dispensaries are either Licentiates of the Ceylon Medical College which has existed for the past 50 years or men qualified in English Universities. There are no Sub-Assistant Surgeons in Ceylon.

But in Mysore State with a population of 5,705,359 we have only 174 Medical Institutions in all. Out of the 174 Medical Institutions, there are only 7 District Hospitals and 161 Local Fund Dispensaries, besides the hospitals at Bangalore and Mysore and the Minto Ophthalmic Hospital. Most of the officers in charge of the Dispensaries belong to a class of medical men indigenous to India, known as Sub-Assistant Surgeons. In the past, they have done useful work in the absence of a sufficient number of fully qualified medical men in India. As Mysore is a self-governing State, independent of British India, with enormous resources of its own, there is no longer any necessity to follow in the foot steps of the neighbouring Presidencies. Let us go a step further and follow the examples set by Ceylon and other British Colonies in their medical organization. Our district hospitals are badly equipped and officered. They have no staff of trained nurses to speak of. The officers in charge of these institutions are mostly incapable men. The number of men with European qualifications is very few in Mysore and we need more men with European training to be in charge of the District Hospitals. These hospitals require to be made more attractive and useful, by placing efficient men in their charge. Promotion by seniority in service has been the cause of retrogression in the past.

I earnestly suggest that we gradually replace the Sub-Assistant Surgeons with graduates or Licentiates in medicine as in Ceylon. It is only then that we can hope to give adequate medical relief to the people in the State. As the science of medicine has progressed by rapid strides during the past 20 or 30 years, it has become no longer possible to limit the curriculum of studies of the Sub-Assistant Surgeon class to four years. It is not possible to teach them all the important subjects within four years' time. Therefore the training must necessarily be inadequate. So, when these men go out into the world as medical men, they form very poor exponents of Western Medicine. It would therefore be more economical in the long run and more efficient, if we replace them with graduates whose curriculum of studies extends to 5 years or more.

The Ceylon Medical College has, during the past 50 years of its existence, been the back bone of its Medical department. It has not only supplied all the necessary recruits to the Medical department of Ceylon but has also supplied a good number of officers to the Straits Settlements.

If we are earnest in improving the medical organization of the State, the only course open to us is to start a Medical College at once. It will be the back bone of our Medical department and we shall never run short of recruits to our service. The best of our graduates could be sent to England for further training as is done in Ceylon. If my suggestion to replace the Sub-Assistant Surgeons with graduates in the course of time, is accepted by the Government, then we shall require all the graduates we turn out for the next 20 years or so, for our own medical service. The question of expenditure should not stand in the way of improving our medical service.

The State is urgently in need of a Medical College to train our men to take charge of our hospitals and dispensaries and the longer we delay in making up our minds, the worse it will be for the future welfare of the State. I have always contended in and out of season that economic procress of the State for which we have spent lakhs of rupees in the past will result in no benefit to the population if we neglect their health. Their very vitality is being

undermined at present for want of timely medical relief and their earning capacity is thereby reduced to a minimum. Instances are not wanting in malnad districts where malaria and anchylostomiasis are playing havoc and are sapping the vitality of the inhabitants. The peoples of the State appreciate Western Medicine in preference to the indigenous systems of medicine as is evidenced by the large number of patients who seek medical advice in all the large and well-equipped hospitals of the State. If the people in the villages and taluks don't take kindly to Western Medicine, the fault lies on our part in not providing them with efficient men and well-equipped institutions.

The Mysore University Senate and the present Committee are unanimously in favour of a Medical College to be established in Bangalore. In the absence of a suitable building to start a Medical College on a large scale, we shall be able to make a small beginning with 20 students just now with the accommodation available at present in the temporary Medical School and in the Dissecting Room newly erected for the Sub-Assistant Surgeon's Class, with a little inconvenience. There will be no difficulty for the first two years. The first year class in Physics, Chemistry and Biology will be held in the Central College and Anatomy in the present Dissecting Room. In the second year, an additional class in Physiology can be held in the present Medical School, and the necessary equipment will not be much, considering the limited number of students proposed. In the meantime, a suitable building for a Medical College will have to be erected in the site already selected. The probable sum required for the building and equipment and the recurring expenditure are mentioned in the Committee's report. We would require a Professor in Physiology for the second year as we have no suitable men in our service to take up that subject. The subject for the 3rd, 4th and 5th years will necessarily have to be taught in the wards except Pathology and Bacteriology and Hygiene which require well-equipped laboratories. In this connection, I wish to point out the urgent need of an up-to-date Bacteriological Institute and Public Health Laboratory for the State, officered by qualified men, competent to make original investigations in tropical and other diseases peculiar to India. We have enough materials for such research works in our midst, but alas, we are sadly wanting in men to undertake the work. We have no experienced and competent men at present, we can prepare vaccines and sera for the treatment of cases requiring such therapy. We require a man with an established reputation for such work, to be placed in charge of the Bacteriological Institute. He would be of great help to the Medical College in the 3rd year.

In my report to the Senate, I have also made provision to train our students for the Degree of Bachelor of Hygiene. The Sanitary Department of the State requires expansion and the Medical College will be able to supply thoroughly trained men for the work in future years. During the last epidemic of Influenza, our Sanitary Department proved quite inadequate for the task. No effort was made by them to investigate into the causes of the epidemic. Their method of treating Cholera is quite antiquated. The number of sanitary officers in the department is not adequate to meet the requirements of the State, especially in times of severe epidemics. The Sanitary Department of Ceylon consists of a senior Sanitary Officer, one junior Sanitary Officer, two Assistant Sanitary Officers, 109 Sanitary Inspectors, a Sanitary Engineer, a Sanitary Superintendent and coolies. I mention these facts relating to the Sanitary Department as they are intimately connected with Medical Department and the medical training institutions present and prospective.

As the initial expenditure for the first two years is not a large sum, I earnestly request the Government to start a Medical College in July next. It takes 5 years to turn out a graduate and the sooner we start one the earlier we shall get our men for work. If a Medical College is started at once, there will be no need to re-organise the Medical School as the same Professors will be able to teach the Sub-Assistant Surgeon side by side with the M. B. Students as was done in Madras before the Royapuram Medical School was opened. Even now the Military Assistant Surgeons attend the same classes as the M. B. students. But if the Medical College is likely to be delayed, then I would urge that more scholarships be given to Sub-Assistant Surgeon students and the allowance to the lecturers be increased to Rs. 100 per mensem and that of the Principal to Rs. 150. The present allowance is very small considering the number of hours spent in preparing the subjects and in lecturing to the students. A building for the Medical School and a Hostel is urgently required. The students at present are undergoing very great inconvenience for the want of suitable hostel arrangements. They are obliged to board and lodge amidst unhealthy and undesirable surroundings and are unable to get suitable meals at proper time. A hostel for them is urgently needed. A suitable building could be rented near the Hospital on a moderate monthly rental, if permission is granted.

The Ayurvedic and Unani systems as practised at the present day do not form systems of medicine but a system of pharmacy. These systems of antiquity may have done some useful work in the past when the Western medicine was in its infancy, but they have long ceased to progress. The extreme conservatism of the Vaidyas to impart their knowledge to others had been the cause of retrogression. Many valuable drugs have been entirely lost to

the world with the death of those successfully practising them at one time. But many of the drugs used by the Vaidyas of the present day, in a crude form, are used in the Western Medicine in the form of alkaloids and salts of the metals in smaller and effective doses. They have no books on Pathology, Physiology, Anatomy or Bacteriology. The surgery practised in ancient times was very crude. To attempt to revive these ancient systems is a profitless task associated with many difficulties and we shall be setting back the hands of the clock to some centuries behind. But it would be profitable if we should scientifically investigate the indigenous drugs of India by appointing well trained Pharmacologists in connection with the Medical College or the Indian Institute of Science at Bangalore.

The immediate requirements of the Department are as follows:—

(1) A new Maternity Hospital near Victoria Hospital, with modern conveniences and appliance and officered by a highly trained Lady Doctor. A ward for treating children may be attached to it.

(2) The same for Mysore.

(3) A Lunatic Asylum in a suitable locality to accommodate at least 300 patients.

(4) A well equipped Bacteriological Institute on modern lines with facility to manufacture vaccines and sera on a large scale for the use of the State and to conduct original research work. We have not a single competent man at present in the Sanitary Department to undertake this useful and all important work. We should import a man with an established reputation to conduct research work and offer him a decent salary. To depute a raw recruit to England to study advanced Bacteriology and Pathology and to expect him to conduct research work on his return with profit to himself and others, is a matter of doubtful expediency. One must have sufficient aptitude for research work. Therefore if we can get a man with an established reputation at the onset, we shall be able to train our men under his supervision. It takes years of patient study to acquire that amount of knowledge requisite for research work. A sojourn of a few months in England and the passing of the D. P. H. Examination do not confer the necessary training for this kind of work. I mention the urgent need of a Bacteriological Institute in this report, because we require the co-operation of a Bacteriologist for diagnosing some of our cases by the examination of blood and other excretions of the body and to prepare vaccines for suitable cases.

The present building is an old chattram not suited even for lunatics. A medical man qualified in mental diseases should be placed in charge of it. The present methods of placing any and every one in charge of the lunatics, because they are lunatics, is a retrograde method. It is not at all fair to these unfortunate patients. We should depute an officer to proceed to England to study mental and nervous diseases and on his return he should be placed in charge of this institution.

(5) The accommodation at the Victoria Hospital is quite inadequate to meet the evergrowing demands. Many urgent cases have to be admitted with great inconvenience to others and some times bordering on overcrowding, for want of accommodation. At present there is only accommodation for 140 patients. At least we require not less than 250 to 300 beds at an early date.

(6) An isolation ward to isolate all suspicious cases of fevers and to treat such infectious diseases as enteric fever, diphtheria, etc., has been a long felt want. At present these cases have to be treated side by side with other non-infectious cases which is not at all desirable and not fair to other patients.

We want a well qualified physician to take charge of the Medical Wards at the Victoria Hospital. The present method of placing inexperienced Assistant Surgeons in charge of the medical wards is not at all satisfactory and not in the interest of the premier hospital of the State. We are living in a progressive age and we should march with the times. A man with the diploma of the membership of the Royal College of Physicians (London) or M. D. London is desirable and dignifying to a hospital like the Victoria. All the physicians in Colombo possess these qualifications.

A Pathologist with the additional knowledge of advanced Bacteriology and Tropical disease is urgently required for Victoria Hospital. At present, the important work of the Pathologist is entrused to Sub-Assistant Surgeons with the most elementary knowledge in the subject. Their diagnosis in many instances is unreliable. All well equipped hospitals, in the civilised world, are provided with *able pathologists*. He forms the back bone of the hospital and his help is eagerly sought after by the physicians and surgeons. An officer may be deputed to England to study these subjects. A similar officer is also required for the Mysore Hospital. A dental Surgeon and a specialist for ear, throat and nose diseases are also required for the Victoria Hospital as well as the Mysore Hospital. We may depute four of our men to study these subjects.

(7) The present Leper Asylum where these unfortunate patients are being treated, is a dismal looking and a dingy building. There is hardly any equipment worth speaking.

A new building with accommodation for a large number of patients is required. The building should be outside the Infectious Disease Hospital. At present this Asylum is located within the Magadi Camp where all forms of infectious diseases are treated. The lepers require better attention than what they are receiving now. The treatment adopted is very antiquated. The modern methods of treatment are not followed. The dressings used are dirty bandages and cotton soaked with morgosa oil. I noticed this unsatisfactory state of affairs when I once visited this hospital in October last.

(8) *A home for incurables.*—At present all incurables from the Victoria Hospital are either sent to the Magadi Camp or are taken away by the relatives of the patients to their homes. The unfortunate ones who have no home comforts prefer to go to Magadi Camp, but they don't find a bed of roses there for them. The condition in which I found them in October last was a pitiable one. These unfortunate patients go there to spend the rest of their days suffering from ailments beyond the reach of science and it is the duty of the City Municipality to provide a fairly comfortable home for them to make their life tolerable and happy. The people who talk of civic and social duties on public platforms may usefully direct their energies in this direction. It is the duty of the philanthropic public who speak of civic duties and social service to provide for the comfort of these miserable fellow citizens. In the absence of such help coming forth readily, the City Municipality or the Government may take up this subject.

In the main report we have mentioned the number of medical men required for expanding our department during the next five years. But they are meant for district work. In addition to that number, we require a few more for special work in Bangalore. I propose that we engage the services of two thoroughly qualified men with the requisite English degrees or diplomas to fill up the post of the Physician to the Victoria Hospital and the Director of the Bacteriological Institute. To send an officer to England to pass the M. R. C. P. (London) Examination will not only take lot of time and money but after all one may not be sure of the success of the candidate as the examination is a difficult one. It would be cheaper to engage one who has already passed it. One who has passed the M. R. C. P. Examination will also be competent to teach Physiology, in our Medical College when it is started.

For the Directorship of the Bacteriological Institute, we require an officer who has already established a reputation for research work.

Barring these two important posts, the rest may be filled up with our own men trained for a definite period in England. These are two Dentists, a Specialist in ear, throat and nose diseases, two Pathologists for Victoria Hospital and Mysore Hospital, and a Specialist in mental diseases for the Lunatic Asylum. The appointment of a highly qualified Lady Doctor for the Maternity Hospital when the present incumbent retires has also to be considered now. Such an officer will be urgently required for lecturing at the Medical College in midwifery and diseases of women and children. If we can equip our hospitals in Bangalore on these lines, we shall need no outside help for the future Medical College and we shall be able to run it on modern lines with great success.

In my opinion the pay of the Sub-Assistant Surgeons should be raised to the Madras standard, *viz.*, Rs. 50 to 120. Otherwise it will be difficult to obtain recruits for our service. There is much discontentment and heart-burn among them and the sooner their pay is increased the better would it be for the department.

APPENDIX IV.

NOTE SEPARATELY FURNISHED BY MR. GULAM AHMED KALAMI, MEMBER OF THE COMMITTEE APPOINTED TO CONSIDER THE QUESTION OF MEDICAL RELIEF IN MYSORE.

Submitted through the Senior Surgeon.

I regret that sickness in my family and other inconveniences prevented me from attending the meeting convened by the Senior Surgeon on the 15th of April 1919 in pursuance of the Government Order No. 17729-35—Med. 70-18-1, dated the 18th February 1919. When I called on the Senior Surgeon subsequently to apologise for my unavoidable absence, I was rather surprised to hear that the committee sat not only on the 15th but also on the 16th April 1919 and that its report was prepared and submitted already. At my request however the Senior Surgeon was pleased to let me have a copy of the report together with the note he had placed before the committee when it met to consider the several points raised in the Government Order above named.

Hoping that even at this stage my observations and suggestions may be of some little use I venture to submit them for the consideration of the Government.

1. *Adequacy or otherwise of the present organisation for medical relief in the State.*

2 *Necessity for increasing the number of hospitals and dispensaries in the outlying parts of the State.*—I agree with the remarks and recommendations made by the committee in their report under the above heads. I may say in addition that until and unless our Sub-Assistant Surgeons are paid the same graded salaries as are allowed in the Madras Presidency, there is no chance of avoiding vacancies, keeping up sanctioned establishments and providing for the necessary reserve. The general tendency of the present times to increase the number and emoluments of highly paid officers and to overlook the oft-repeated grievances of the subordinate staff is proving itself highly detrimental to the interests of efficiency and good Government.

3. *Feasibility of extending medical aid through Ayurvedic and Unani institutions.*—In view of the past experience and the well known popularity in the country of both the Ayurvedic and Unani systems of medical treatment, they should be whole-heartedly and effectively encouraged and supported by the Government. No matter what the opinions of the European Surgeons and Physicians are in the matter of entertaining or not entertaining any scheme for the furthering of our indigenous systems, I think it is the duty of an Indian State like Mysore to make all possible efforts to extend medical aid in the province through Ayurvedic and Unani Institutions also.

To increase, as it is necessary, the number of qualified Vaidyans and Hakims practising in the State, Government may be pleased :—

(1) To take advantage of all the decently managed and fairly well equipped Colleges and schools that now exsit in India ;

(2) To gradually increase the number and value of the scholarships or stipends now given to the students of these systems of treatment ;

(3) To select an increasing number annually of promising Vaids and Hakims resident and practising in the various parts of the province and send them over to approved Ayurvedic and Unani Colleges in India for education and training, giving them liberal stipends for their maintenance during the period ;

(4) To select a number also of fairly well educated young Mysoreans and grant them tempting scholarships to join such institutions and get themselves fully qualified and certificated.

Note.—The above scholarship-holders and certificated Vaids and Hakims should be bound by agreements to settle down in the State and start their practice. They must also agree to serve the Government for a fixed period *if called upon to do so.* When so employed they should be eligible to get the same salaries, grade and allowances as are given in the State to the Sub-Assistant Surgeons.

Until the number of properly trained, qualified and certificated Vaidyans and Hakims becomes appreciably large, even experienced and popular Vaidyans and Hakims now enjoying extensive private practice in the various parts of the State and commanding public confidence should be encouraged and enabled by the Government to further widen the scope of their usefulness by instituting a grant-in-aid system on the lines now in vogue in the Educational Department. This grant-in-aid system will keep them under official discipline and supervision and bring them into direct contact with the Medical Officers of the Government and enable them also to continue their good work under healthy and inspiring influences.

Before the Government proceeds to reorganise and improve the efficiency of the existing Ayurvedic and Unani Hospitals or Schools maintained by the Government or the Local Boards or the Municipalities, I would strongly recommend the selection and deputation of several willing and suitably educated Sub-Assistant Surgeons in the State service of not less than five years standing to join approved Ayurvedic and Unani Colleges in India and study the respective systems thoroughly. This arrangement will prove a great source of improvement of the indigenous system of Medical aid and also become the means of wholesome encouragement to the Ayurvedic and Unani Institutions which are now depending for their support mainly on public enterprise. Such Sub-Assistant Surgeons, when they return to State service after their training in the Ayurvedic and Unani Colleges, may very well be employed to be in charge of the State Ayurvedic and Unani Dispensaries, or may be entrusted with the duty of inspecting the Grant-in-aid institutions and extending the system of State aid to Vaidyans and Hakims who have an appreciable amount of private practice.

Selected Medical Officers of higher grades and qualifications also may be deputed to undergo the same kind of training and eventually undertake research work in a scientific manner.

The ever increasing usefulness and popularity of the Ayurvedic and Unani Dispensaries located at Mysore City and maintained probably by the Municipality cannot be disputed. The Government will do well to take over these Hospitals and improve their condition with a view to make them model Institutions. If this is not considered advisable the Municipality

of Mysore may be given a special grant for the better equipment and general improvement of these hospitals. It is also necessary that such Ayurvedic and Unani Dispensaries should be immediately established in the City of Bangalore either by the Government or the Municipality.

I need not emphasise the fact that the total cost of the above schemes for the extension of the medical aid through indigenous institutions will be very small compared with the amount of good that is expected to accrue thereby to the people of Mysore.

4. *Improving female medical relief throughout the State.*—I agree with the remarks and recommendations made by the Committee.

5. (*i*) *Advisability of starting a Medical Faculty.*—(*ii*) *Re-organisation of the Medical School.*—I am not sure that it is necessary to start "at a very early date" a Medical Faculty in connection with the Mysore University. What we urgently need is the education and training of an adequate number of Sub-Assistant Surgeons. I cannot therefore see why the re-organisation and improvement of the medical school should not precede the starting of the Faculty of Medicine. The annual cost per head of educating the required number of Mysore students in any of the medical *Colleges* in India and for the matter of that even in the Universities of Europe may not exceed the cost per head which will accrue in the event of our starting a Medical Faculty in Mysore. Over production by our University of the higher grade of medical men may benefit individuals hankering after city life both inside and outside the Mysore State, but it is not the immediate want of the masses in our province. I am not against the addition of the Faculty of medicine to our University at its proper time; it is just now a question of ways and means.

(*iii*) *A programme for the next five years.*

Without prejudice to my remarks under the heads i and ii I agree with the programme of improvements suggested for the next five years.

7. *Immediate requirements of the department.*

I fully concur with the views expressed and suggestions made by the committee under this head.

No. G. 4446—*Cash* 105-18-6, *dated* 22*nd August* 1919.

In modification of the rules published in the *Mysore Gazette* dated 13th July 1916, Part I, page 542, and in accordance with Government Order No. 1545-1594—E. A. G. 84, dated 25th November 1918, the following rules regulating the admission into, and the loan of books, etc., from the General and Revenue Secretariat Library, are published for general information :—

1. The Library will be open on office days from 11 A.M. to 5 P.M.

2. The Library will be open to Gazetted Officers of all Departments, Chief Superintendents and Superintendents of the General and Revenue Secretariat, Members of the Legislative Council and the Economic Conference and also to such non-official gentlemen as get their names registered for the purpose, with the approval of the Chief Secretary.

3. Books of which duplicate copies are not available, will not be lent out of the Library premises, except for official reference in the General and Revenue Secretariat. Books available for lending will also be sent by post to Gazetted Officers in the mofussil, on receipt of a duly signed requisition in the prescribed form, and a registration fee of 3 annas in each case. Requisition for books should be on a printed form prescriped for the purpose.

4. The time allowed for retention of books shall be one week for those in Bangalore, and ten days for those in the mofussil.

5. Books required for official reference in the General and Revenue Secretariat will be lent to officials of the Secretariat on requisitions countersigned by the Branch Superintendents.

6. The Librarian will register the requisitions in the Library Register.

7. When books lent out are not returned within the prescribed time, the Librarian will issue a notice in the prescribed form recalling the books.

8. The borrower shall be responsible for the value of the books lent out to him, if they have been lost or mislaid or otherwise cannot be returned to the Library after such recall. The presence of the voucher with the Librarian shall be considered sufficient proof of such non-return.

9. An up-to-date catalogue of the books in the Library will be maintained for the reference of visitors. A printed copy of the catalogue will be supplied to all the Officers of the General and Revenue Secretariat and to such others referred to in Rule 2, as may ask for the same. A quarterly supplement of additions will be issued to all those to whom a copy of the catalogue has been supplied.

No. G. 4420—*P. P.* 1-19-208, *dated* 22*nd August* 1919.

It is hereby notified that in consequence of Khedda operations, the Mysore-Manantoddy road, between the 133rd and 138th mile stones will be closed to all vehicular traffic from the 15th October to the 18th December 1919 between 6 P.M. to 6 A.M., and to timber traffic, both day and night.

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No. G. 4657—P. P. 21-19-7, dated 25th August 1919.

In exercise of the powers vested in Government under Sub-Rule (2) of Rule 3 B of the Rules issued under the Defence of India (Criminal Law Amendment) Act, 1915, as introduced into Mysore by Regulation I of 1918, and in supersession of Government Notification No. G. 1192—P. P. 2-18-51, dated 15th July 1919, Government are pleased to fix the following maxima prices for the sale of the "Elephant" brand kerosene oil of the Standard Oil Co. of new York, in the State :—

I. The maxima rates per unit of 8 gallons at which the "Elephant" hand of kerosene oil should be sold by the Sub-Agents to 'B' permit holders at the Sub-Agency Stations :—

No.	Sub-Agency stations	Maximum price per 8 gallons 'Elephant' oil	No.	Sub-Agency stations	Maximum price per 8 gallons 'Elephant' oil
		Rs. a. p.			Rs. a. p.
1	Bangalore	6 12 0	8	Tumkur	6 12 0
2	Bowringpet	6 11 0	9	Arsikere	7 4 6
3	Channapatna	6 12 6	10	Shimoga	7 4 9
4	Mysore	6 13 0	11	Davangere	7 3 6
5	Nanjangud	6 13 0		Cost of 2 tin plates to be charged extra when tins are sold.	1 12 0
6	Hole-Narsipur	7 0 0			
7	Gollahalli	6 13 6			

II. The maxima rates per unit of 8 gallons and per bottle of "Elephant" hand of kerosene oil to be charged by the 'B' permit holders :—

District	No.	Names of taluks	Elephant oil		District	No.	Names of taluks	Elephant oil	
			Per unit	Per bottle				Per unit	Per bottle
			Rs. a. p.	Rs. a. p.				Rs. a. p.	Rs. a. p.
1. Bangalore.	1	Bangalore ..	7 4 0	0 2 6	4. Tumkur—*concld.*	6	Turuvekere ..	7 10 0	0 2 8
	2	Anekal ..	7 11 0	0 2 8		7	Gubbi ..	7 9 0	0 2 8
	3	Hoskote ..	7 11 0	0 2 8		8	Kunigal ..	7 11 0	0 2 8
	4	Devanhalli ..	7 7 0	0 2 7		9	Koratagere ..	7 10 0	0 2 8
	5	Dodballapur ..	7 10 0	0 2 8		10	Pavagada ..	8 2 0	0 2 10
	6	Nelamangala ..	7 7 0	0 2 7					
	7	Magadi ..	7 11 0	0 2 8	5 Hassan.	1	Hassan ..	7 12 0	0 2 8
	8	Closepet ..	7 8 0	0 2 7		2	Channarayapatna ..	8 0 0	0 2 9
	9	Channapatna ..	7 6 6	0 2 7		3	Arkalgud ..	7 13 0	0 2 9
	10	Kankanhalli ..	7 13 0	0 2 8		4	Hole-Narsipur ..	7 10 0	0 2 8
						5	Alur ..	8 0 0	0 2 9
2. Mysore.	1	Mysore ..	7 9 0	0 2 8		6	Belur ..	8 4 0	0 2 10
	2	Nanjangud ..	7 7 0	0 2 7		7	Manjarabad ..	8 4 0	0 2 10
	3	Chamrajnagar ..	7 12 0	0 2 8		8	Arsikere ..	7 12 6	0 2 8
	4	T.-Narsipur ..	7 10 0	0 2 8					
	5	Gundlupet ..	7 12 0	0 2 8	6 Kadur.	1	Kadur ..	8 3 6	0 2 10
	6	Heggaddevankote ..	7 13 0	0 2 9		2	Birur ..	8 2 6	0 2 10
	7	Hunsur ..	7 13 0	0 2 9		3	Chikmagalur ..	8 8 6	0 2 11
	8	Yedatore ..	7 10 0	0 2 8		4	Tarikere ..	8 3 6	0 2 10
	9	Krishnarajpete ..	7 13 0	0 2 9		5	Koppa ..	8 10 6	0 3 0
	10	Nagamangala ..	7 13 0	0 2 9		6	Mudgere ..	8 10 6	0 3 0
	11	Mandya ..	7 9 0	0 2 8		7	Sringeri ..	8 12 6	0 3 1
	12	Seringapatam ..	7 10 0	0 2 8		8	Narasimharajapura ..	8 6 6	0 2 11
	13	French Rocks ..	7 9 0	0 2 8					
	14	Malvalli ..	7 13 0	0 2 9	7 Shimoga.	1	Shimoga ..	8 0 9	0 2 10
	15	Yelandur ..	7 13 0	0 2 9		2	Channagiri ..	8 0 6	0 2 10
						3	Honnali ..	8 2 9	0 2 10
3. Kolar.	1	Kolar ..	7 8 0	0 2 7		4	Shikarpur ..	8 8 9	0 3 0
	2	Bowringpet ..	7 3 0	0 2 6		5	Sorab ..	8 12 9	0 3 1
	3	Mulbagal ..	7 6 0	0 2 7		6	Sagar ..	8 8 9	0 3 0
	4	Malur ..	7 5 0	0 2 7		7	Nagar ..	8 8 9	0 3 0
	5	Srinivaspur ..	7 5 0	0 2 7		8	Tirthahalli ..	8 8 9	0 3 0
	6	Chintamani ..	7 9 0	0 2 8		9	Kumsi ..	8 2 9	0 2 10
	7	Sidlaghatta ..	7 5 0	0 2 7					
	8	Bagepalli ..	7 11 0	0 2 8	8 Chitaldrug.	1	Chitaldrug ..	8 6 6	0 2 11
	9	Gudibanda ..	7 10 0	0 2 8		2	Davangere ..	7 11 6	0 2 8
	10	Chikballapur ..	7 10 0	0 2 8		3	Holalkere ..	7 15 6	0 2 9
	11	Goribidnur ..	7 14 0	0 2 9		4	Harihar ..	7 14 6	0 2 9
						5	Hosdurga ..	8 1 6	0 2 10
4. Tumkur.	1	Tumkur ..	7 6 0	0 2 7		6	Challakere ..	8 11 6	0 3 0
	2	Maddagiri ..	7 13 0	0 2 9		7	Jagalur ..	8 3 6	0 2 10
	3	Sira ..	7 14 0	0 2 9		8	Hiriyur ..	8 10 6	0 3 0
	4	Chiknayakanhalli ..	7 12 0	0 2 8		9	Molakalmuru ..	8 15 6	0 3 1
	5	Tiptur ..	7 8 0	0 2 7					

N. B.—When tins are sold by 'B' permit holders, cost of the tin plate Re. 0-14-0 per tin may be charged extra.

The above prices are prescribed for the District and Taluk Headquarter Stations named. For other stations the retail price is fixed at the above rates plus two annas per unit or one pie per bottle for every ten mile distance.

No. G. 4647—*Cts.* 26-19-4, *dated* 25*th August* 1919.

Under Section 3 of the Mysore Village Courts Regulation, VII of 1913, the Government of His Highness the Maharaja are pleased to group the villages of Tarur, Kembalalu, Cholapura, Ganganahalli and Laya, Thimmasandra, Bedarkatte, Ballagere, Sopanahalli, Linganapalya, Lakkenahalli and Yelladahalli in the Tumkur Taluk and to establish with effect from 1st October 1919 a Village Court for the group at Tarur village.

The Court shall have and exercise jurisdiction over the whole of the villages named above.

No. G. 4699—*R. A.* 3-19-8, *dated* 26*th August* 1919.

It is hereby notified for general information that the following gentlemen have been deputed by the Recognised Associations of the Kadur District to the Representative Assembly of 1919-20 :—

No.	*Electrorate.*	*Name of Representative.*	*Occupation.*
1.	North Mysore, European Planters' Association.	1. Mr. C. Danvers ...	Coffee Planter, Kalagur Estate, Balur Post Office (Mudgere Taluk).
2.	North Mysore Native Planters' Association.	1. Mr. C. Srinivasa Rao ...	Coffee Planter, Chikmagalur.
3.	Anjuman-e-Islamia, Chikmagalur.	1. Mr. Rasul Khan ...	Do
4.	Muslim Association of Tarikere.	1. Mr. T. Syed Khaja Peeran.	Coffee Planter, Tarikere.

No. G. 4747—*R. A.* 6-19-50, *dated* 26*th August 1919.*

The following list of gentlemen elected as Taluk members for the Representative Assembly of 1919-20 and the succeeding two years is hereby published for general information :—

Name of electorate.	*No.*	*Name of Representative.*	*Residence.*	*Occupation.*
Seringapatam Taluk...	1.	Mr. S. A. Javaraiya ...	Seringapatam ...	Landholder.
	2.	Mr. Srinivasa Iyengar ...	Do ...	Do
	3.	Mr. Purushottama Anandagiri Gosai ...	Do ...	Do

By Order,
C. S. BALASUNDARAM IYER,
Chief Secretary to Government.

REVENUE.

No. R. 2766—*L. R.* 258-18-4, *dated* 25*th August* 1919.

In exercise of the powers conferred by Sections 232 and 233 of the Land Revenue Code, the Government of His Highness the Maharaja of Mysore direct that the following amendment be made to Rule 70 of the Land Revenue Rules :—

For the words "Deputy Commissioner" occurring in line 7 of Rule 70 of the Rules under the Land Revenue Code read "Amildar" for the last sentence in Rule 70 substitute the following :—

"An appeal shall be against this order to the Assistant Commissioner in charge of the Sub-Division subject to a second appeal to the Deputy Commissioner whose decision shall be final, but shall be without prejudice to the party aggrieved seeking such redress as may be open to him by law.

No. R. 2337— *Ml.* 33-19-10, *dated* 15*th August* 1919.

It is hereby declared that under clause I of Section 2 of Regulation I of 1906, vaccination shall be compulsory for a period of one year from 1st August 1919 within the Municipal area of Hiriyur Town.

No. R. 2555—*L. B.* 4-19-12, *dated* 20*th August* 1919.

The following gentlemen are hereby declared duly elected as Vice-Presidents of the respective Taluk Boards noted against them :—

Name of Taluk Board.	*Name of gentlemen elected.*
1. Bangalore	Mr. B. Oosman Khan.
2. Hoskote	,, Javali Rudrappa.
3. Devanhalli	,, D. Srikanta Rao.
4. Magadi	,, M. Rangaswami Iyengar.
5. Channapatna	,, M. Tirumalachar
6. Kankanhalli	,, G. Venkataramana Gowda.
7. Anekal	,, B. Srinivasa Iyengar.
8. Closepet	,, K. Santanam Iyengar.